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The dental service codes and descriptions that are listed in this Subchapter 6 must be used when providing dental services to MassHealth members. For each dental service code, the description indicates any limitations, such as age, pregnancy, or special circumstances designation, subject to the Early and Periodic Screening, Diagnosis and Treatment provisions set forth at 130 CMR 450.144(A), provide for prior authorization for medically necessary unlisted or noncovered services for members under age 21.

Note that prior authorization may be requested for unlisted or noncovered services and codes for members under age 21, pursuant to 130 CMR 450.144(A).

601 Explanation of Abbreviations

The following abbreviations are used in Subchapter 6.

- (A) **P.A.** indicates that service-specific prior authorization is required (see 130 CMR 420.410).
- (B) **I.C.** indicates that the claim will receive individual consideration to determine payment. A descriptive report must accompany the claim (see 130 CMR 420.412).
- (C) **S.P.** indicates that the procedure is commonly performed as part of a total service and does not usually warrant a separate fee. The procedure must be performed separately to receive the separate fee (see 130 CMR 420.413).
- (D) **S.C.** indicates that the procedure is covered for members aged 21 and older who meet the Special Circumstances criteria (see 130 CMR 420.410(D)).
- (E) **P.W.** indicates that the procedure is covered for members aged 21 and older who are either pregnant or a mother with a child under the age of three years.

602 Service Codes and Descriptions: Diagnostic Services

See 130 CMR 420.422, 420.433, 420.443 and 420.456 for limitations.

Service

Code Service Description

Clinical Oral Evaluation

- D0120 Periodic oral examination (twice per 12-month period) (**under 21, P.W., and S.C. only**)
- D0150 Comprehensive oral evaluation—new or established patient (once per member per dentist) (**under 21, P.W., and S.C. only**)
- D0160 Detailed and extensive oral evaluation—problem focused, by report (to be billed only for oral screening for members undergoing radiation treatment, chemotherapy, or organ transplant)

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604 Service Codes and Descriptions: Preventive Services (cont.)

Other Preventive Services

- D1351 Sealant—per tooth (primary or permanent first and second noncarious molars, first and second non-carious bicuspid (premolars) with deep pits and fissures, and noncarious third molars with deep pits and fissures) (once per three years per tooth) (**under 21 only**)

Space Maintenance (Passive Appliances)

- D1510 Space maintainer—fixed-unilateral (**under 21 only**)
D1515 Space maintainer—fixed-bilateral (**under 21 only**)
D1520 Space maintainer—removable unilateral (**under 21 only**)
D1525 Space maintainer—removable-bilateral (**under 21 only**)
D1550 Recementation of space maintainer (**under 21 only**)

605 Service Codes and Descriptions: Restorative Services

See 130 CMR 420.425, 420.436, and 420.446 for limitations.

Service

Code Service Description

Amalgam Restorations (Including Polishing)

- D2140 Amalgam—one surface, primary or permanent (**primary—under 21 only**) (**permanent—under 21, P.W., and S.C. only**)
D2150 Amalgam—two surfaces, primary or permanent (**primary—under 21 only**) (**permanent—under 21, P.W., and S.C. only**)
D2160 Amalgam—three surfaces, primary or permanent (**primary—under 21 only**) (**permanent—under 21, P.W., and S.C. only**)
D2161 Amalgam—four or more surfaces, primary or permanent (**under 21, P.W., and S.C. only**)

Resin Restorations (Composite Restorations)

- D2330 Resin-based composite—one surface, anterior (**under 21, P.W., and S.C. only**)
D2331 Resin-based composite—two surfaces, anterior (**under 21, P.W., and S.C. only**)
D2332 Resin-based composite—three surfaces, anterior (**under 21 only**)
D2335 Resin-based composite—four or more surfaces or involving incisal angle (anterior) (for fractured incisal angle) (includes pins) (**under 21 only**)
D2390 Resin-based composite crown, anterior (**under 21 only**)
D2391 Resin-based composite—one surface, posterior (**primary—under 21 only**) (**permanent—under 21, P.W., and S.C. only**)
D2392 Resin-based composite—two surfaces, posterior (**primary—under 21 only**) (**permanent—under 21, P.W., and S.C. only**)
D2393 Resin-based composite—three surfaces, posterior (**primary—under 21 only**) (**permanent—under 21, P.W., and S.C. only**)
D2394 Resin-based composite—four or more surfaces, posterior (**primary—under 21 only**) (**permanent—under 21, P.W., and S.C. only**)

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605 Service Codes and Descriptions: Restorative Services (cont.)

Crowns—Single Restoration Only

- D2710 Crown—resin-based composite (indirect) (**under 21 only**) (P.A.)
D2751 Crown—porcelain fused to predominantly base metal (**under 21, P.W., and S.C. only**) (P.A.)

Other Restorative Services

- D2910 Recement inlay, onlay or partial coverage restoration (**under 21, P.W., and S.C. only**)
D2920 Recement crown (**under 21, P.W., and S.C. only**)
D2930 Prefabricated stainless steel crown—primary tooth (**under 21 only**)
D2931 Prefabricated stainless steel crown—permanent tooth (**under 21 only**)
D2932 Prefabricated resin crown (primary anterior teeth only) (**under 21 only**)
D2951 Pin retention—per tooth, in addition to restoration (two or more surfaces) (commercial amalgam bonding) (**under 21, P.W., and S.C. only**)
D2954 Prefabricated post and core in addition to crown (**under 21, P.W., and S.C. only**) (P.A.)
D2980 Crown repair, by report (**under 21, P.W., and S.C. only**) (P.A.)
D2999 Unspecified restorative procedure, by report (**under 21, P.W., and S.C. only**) (P.A.) (I.C.)

606 Service Codes and Descriptions: Endodontic Services

See 130 CMR 420.426, 420.437, and 420.447 for limitations.

Service

Code Service Description

Pulpotomy

- D3220 Therapeutic pulpotomy (excluding final restoration)—removal of pulp coronal to the dentinocemental junction and application of medicament (**under 21 only**)

Root Canal Therapy (Including Treatment Plan, Clinical Procedures, and Follow-up Care)

- D3310 Anterior (excluding final restoration) (**under 21, P.W., and S.C. only**) (P.A.) (no limitation on number performed per treatment period)
D3320 Bicuspid (excluding final restoration) (**under 21 only**) (P.A.) (no limitation on number performed per treatment period)
D3330 Molar (excluding final restoration) (**under 21 only**) (P.A.) (no limitation on number performed per treatment period)

Apicoectomy/Periradicular Services

- D3410 Apicoectomy/periradicular surgery—anterior (per tooth) (includes retrograde filling) (**under 21, P.W., and S.C. only**) (P.A.)
D3421 Apicoectomy/periradicular surgery—bicuspid (first root) (**under 21, P.W., and S.C. only**) (P.A.)
D3426 Apicoectomy/periradicular surgery (each additional root) (**under 21, P.W., and S.C. only**) (P.A.)

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607 Service Codes and Descriptions: Periodontic Services

See 130 CMR 420.424, 420.435, and 420.445 for limitations.

Service

Code Service Description

Surgical Services (Including Usual Postoperative Services)

- D4210 Gingivectomy or gingivoplasty—four or more contiguous teeth or bounded teeth spaces per quadrant (once per quadrant per three-year period) (**under 21, P.W., and S.C. only**) (P.A.)
- D4341 Periodontal scaling and root planing—four or more teeth per quadrant (includes curettage) (once per quadrant per three-year period) (**under 21, P.W., and S.C. only**) (P.A.)

608 Service Codes and Descriptions: Prosthodontic (Removable) Services

See 130 CMR 420.427, 420.438, and 420.448 for limitations.

Service

Code Service Description

Complete Dentures (Including Routine Post-Delivery Care)

- D5110 Complete denture—maxillary (**under 21, P.W., and S.C. only**) (P.A.)
- D5120 Complete denture—mandibular (**under 21, P.W., and S.C. only**) (P.A.)
- D5130 Immediate denture—maxillary (**under 21 only**) (P.A.)
- D5140 Immediate denture—mandibular (**under 21 only**) (P.A.)

Partial Dentures (Including Routine Post-Delivery Care)

- D5211 Maxillary partial denture—resin base (including any conventional clasps, rests, and teeth) (**under 21, P.W., and S.C. only**) (P.A.)
- D5212 Mandibular partial denture—resin base (including any conventional clasps, rests, and teeth) (**under 21, P.W., and S.C. only**) (P.A.)
- D5213 Maxillary partial denture—cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth) (**under 21 only**) (P.A.)
- D5214 Mandibular partial denture—cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth) (**under 21 only**) (P.A.)

Repairs to Complete Dentures

- D5510 Repair broken complete denture base (**under 21, P.W., and S.C. only**)
- D5520 Replace missing or broken teeth—complete denture (each tooth) (**under 21, P.W., and S.C. only**)

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608 Service Codes and Descriptions: Prosthodontic (Removable) Services (cont.)

Repairs to Partial Dentures

- D5610 Repair resin denture base (**under 21, P.W., and S.C. only**)
- D5620 Repair cast framework (**under 21, P.W., and S.C. only**)
- D5630 Repair or replace broken clasp (**under 21, P.W., and S.C. only**)
- D5640 Replace broken teeth—per tooth (**under 21, P.W., and S.C. only**)
- D5650 Add tooth to existing partial denture (**under 21, P.W., and S.C. only**)
- D5660 Add clasp to existing partial denture (**under 21, P.W., and S.C. only**)

Denture Rebase Procedures

- D5710 Rebase complete maxillary denture (**under 21, P.W., and S.C. only**) (P.A.)
- D5711 Rebase complete mandibular denture (**under 21, P.W., and S.C. only**) (P.A.)
- D5720 Rebase maxillary partial denture (cast partial denture only) (**under 21 only**) (P.A.)
- D5721 Rebase mandibular partial denture (cast partial denture only) (**under 21 only**) (P.A.)

Denture Reline Procedures

- D5750 Reline complete maxillary denture (laboratory) (**under 21, P.W., and S.C. only**) (P.A.)
- D5751 Reline complete mandibular denture (laboratory) (**under 21, P.W., and S.C. only**) (P.A.)
- D5760 Reline maxillary partial denture (laboratory) (cast partial denture only) (**under 21, PW and S.C. only**) (P.A.)
- D5761 Reline mandibular partial denture (laboratory) (cast partial denture only) (**under 21, PW and S.C. only**) (P.A.)

609 Service Codes and Descriptions: Prosthodontic (Fixed) Services

See 130 CMR 420.427, 420.438, and 420.448 for limitations. Each abutment and each pontic constitutes a unit in a bridge.

Service

Code Service Description

Fixed Partial Denture Pontics

- D6241 Pontic—porcelain fused to predominantly base metal (**under 21 only**) (P.A.)
- D6751 Crown—porcelain fused to predominantly base metal (**under 21 only**) (P.A.)

Other Fixed Partial Denture Services

- D6930 Recement fixed partial denture (**ages 16 through 20 only**)
- D6980 Fixed partial denture repair, by report (**ages 16 through 20 only**) (P.A.)
- D6999 Unspecified, fixed prosthodontic procedure, by report (**under 21, P.W., and S.C. only**) (P.A.) (I.C.)

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610 Service Codes and Descriptions: Exodontic Services

See 130 CMR 420.429, 420.439, and 420.449 for limitations.

Service
Code

Service Description

Extractions (Includes Local Anesthesia and Routine Postoperative Care)

D7111	Extraction, coronal remnants—deciduous tooth
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth
D7220	Removal of impacted tooth—soft tissue
D7230	Removal of impacted tooth—partially bony
D7240	Removal of impacted tooth—completely bony (P.A.)
D7280	Surgical access of an unerupted tooth (under 21 only) (P.A.)
D7283	Placement of device to facilitate eruption of impacted tooth (under 21 only) (P.A.)

Surgical Procedures

D7310	Alveoplasty in conjunction with extractions—per quadrant
D7311	Alveoplasty in conjunction with extractions—one to three teeth or tooth spaces, per quadrant (I.C.)
D7320	Alveoplasty not in conjunction with extractions—per quadrant
D7321	Alveoplasty not in conjunction with extractions—one to three teeth or tooth spaces, per quadrant (I.C.)
D7340	Vestibuloplasty—ridge extension (second epithelialization) (P.A.)
D7410	Excision of benign lesion up to 1.25 cm
D7411	Excision of benign lesion greater than 1.25 cm
D7960	Frenulectomy (frenectomy or frenotomy)—separate procedure (S.P.)
D7963	Frenuloplasty
D7970	Excision of hyperplastic tissue—per arch (P.A.)
D7999	Unspecified oral surgery procedure, by report (P.A.) (I.C.)
D9930	Treatment of complications (postsurgical)—unusual circumstances, by report (I.C.)

611 Service Codes and Descriptions: Orthodontic Services

See 130 CMR 420.428 for limitations.

Service
Code

Service Description

Orthodontic Diagnosis and Full Orthodontic Treatment

D8080	Comprehensive orthodontic treatment of the adolescent dentition (under 21 only) (P.A.)
D8660	Pre-orthodontic treatment visit (consultation) (accredited orthodontists only) (once per six months) (under 21 only)
D8670	Periodic orthodontic treatment visit (as part of contract) (full orthodontic treatment, active, first year and second year, and first half of third year, if necessary, including retainer—quarterly treatment visits) (under 21 only) (P.A.)
D8690	Orthodontic treatment (alternative billing to a contract fee) (under 21 only) (P.A.)

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611 Service Codes and Descriptions: Orthodontic Services (cont.)

Other Orthodontic Services

- D8680 Orthodontic retention (removal of appliances, construction and replacement of retainer(s)) (**under 21 only**)
D8692 Replacement of lost or broken retainer (**under 21 only**) (P.A.)
D8999 Unspecified orthodontic procedure, by report (**under 21 only**) (P.A.) (I.C.)

612 Service Codes and Descriptions: General Anesthesia and IV Sedation Services — All Members

See 130 CMR 420.452 for limitations. The allowable fees include payment for cardiac monitoring and other related costs, per 15 minutes.

Service

Code Service Description

- D9220 Deep sedation/general anesthesia—first 30 minutes
D9221 Deep sedation/general anesthesia—each additional 15 minutes (from 31 to 90 minutes)

613 Service Codes and Descriptions: Other Services — All Members

See 130 CMR 420.456 and 420.457 for limitations.

Service

Code Service Description

Treatment of Physically or Developmentally Disabled Members

- D9920 Behavior management, by report (P.A.)

Unclassified Treatment

- D9110 Palliative (emergency) treatment of dental pain—minor procedure (Other nonemergency medically necessary treatment may be provided during the same visit—that is, nonemergency codes may be billed in conjunction with D9110.)
D9940 Occlusal guard, by report (**under 21 only**) (P.A.)
D9941 Fabrication of athletic mouthguard (**under 21 only**)
D9999 Unspecified adjunctive procedure, by report (P.A.) (I.C.)

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